

Supplement 1A to  
Attachment 3.1A

Service 19a  
Case Management - High  
Risk Pregnant Women

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State/Territory: Montana

- b) coordination services;  
deliver prenatal care coordination services appropriate to the individual client's level of need;
  - c) respond promptly to requests and referrals for targeted case management clients;
  - d) perform assessments and develop care plans for the appropriate level of care and document services provided;
  - e) schedule services to accommodate the client's situation;
  - f) inform clients regarding whom and when to call for pregnancy emergencies;
  - g) establish working relationships with medical providers, community agencies, and other appropriate organizations;
  - h) assure ongoing communication and coordination of client care occurs within the case management team and with the client's medical prenatal care provider;
  - i) provide services in a home setting in addition to office or clinic settings. Home visiting, particularly by the community health nurse, is an integral part of targeted case management;
  - j) have a system for handling client grievances; and
  - k) maintain an adequate and confidential client records system. All services provided directly or through a subcontractor must be documented in this system.
8. A case manager providing services for a case management provider must:
- a) demonstrate knowledge of:
    - i) federal, state and local programs for children and pregnant women such as Title V programs, WIC, immunizations, perinatal health care, handicapped children's services, family

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- planning, genetic services, hepatitis B screening, EPSDT, etc.;
- ii) individual health care plan development and evaluation;
- iii) community health care systems and resources; and
- iv) nationally recognized perinatal and child health care standards; and
- b) have the ability to:
  - i) interpret medical findings;
  - ii) develop an individual case management plan based on an assessment of a client's health, nutritional and psychosocial status and personal and community resources;
  - iii) inform a client regarding health conditions and implications of risk factors;
  - iv) encourage a client's responsibility for health care;
  - v) assist the client to establish linkages among service providers;
  - vi) coordinate access to multiple agency services to the benefit of the client; and
  - vii) evaluate a client's success in obtaining appropriate medical care and other needed services.

**F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.**

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

**G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.**

State/Territory: Montana

A. Target Group

II. Chronically Mentally Ill Adults

This target group includes individuals who are at least 18 years old or older and either:

- a) present an imminent risk of suicide: or
- b) meet the criteria in both Criterion I and Criterion II below.

Criterion I

The person has a severe mental illness as indicated by one of the following:

- A. The person has been hospitalized for at least 30 consecutive days because of a mental disorder at Montana State Hospital (Warm Springs campus) at least once; or
- B. The person has a DSM-IV diagnosis of schizophrenic disorder (295); other psychotic disorder (295.40, 295.70, 297.1, 297.3, 298.9, 293.81, 293.82); mood disorder (296.2x, 296.3x, 296.40, 296.4x, 296.5x, 296.6x, 296.7, 296.80, 296.89, 296.90, 301.13, 193.83); amnestic disorder (294.0, 294.8); disorder due to a general medical condition (301.1); or pervasive developmental disorder not otherwise specified (299.80) when not accompanied by mental retardation; or

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- C. The person has a DSM-IV diagnosis of personality disorder (301.00, 301.81, 301.22, 301.4, 301.50, 301.6, 301.81, 301.82, 301.83, or 301.90) which causes the person to be unable to work competitively on a full-time basis or to be unable to maintain a residence without assistance and support by family or a public agency.

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Criterion II

The person has ongoing functioning difficulties because of mental illness, as indicated by one of the following:

- A. Medication is necessary to control symptoms of mental illness; or
- . B. The person is unemployed or does not work in a full-time competitive situation because of mental illness; or
- C. The person receives SSI or SSDI payments due to mental illness; or
- D. The person maintains or could maintain a living arrangement only with ongoing supervision and assistance of family or a public agency.

NOTE: Montana uses the term "adult with severe and disabling mental illness" to describe the "chronically mentally ill" target group.

**B. Areas of State in which Services will be provided:**

II. Chronically Mentally Ill Adults

(X) Entire State

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- ( ) Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than Statewide)

**C. Comparability of Services:**

II. Chronically Mentally Ill Adults

- ( ) Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- (X) Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

**D. Definition of Services:**

II. Chronically Mentally Ill Adults

Case management is intended to assist members of the target group in accessing needed medical, social, educational, vocational and other services. It includes:

1. Helping the recipient make informed choices regarding opportunities and services;
2. Assisting the recipient in establishing an individual case plan and developing realistic, attainable life goals;

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3. Assuring timely access to needed medical, social, educational, vocational and other services or assistance;
4. Providing access to opportunities for self-help activities; and
5. Coordinating services and activities to meet these goals.

Case management is a service based on assessment of individual strengths and needs, mutual planning between the recipient and the case manager, and recipient empowerment in accessing resources. It is provided for an indefinite period of time, at an intensity which is influenced by the individual's service plan and unique situation, and in settings accessible to the recipient.

Eligible individuals have the option to accept or reject case management services.

Case management focuses on the day-to-day concerns of persons with severe mental illness by assisting them to identify realistic and achievable goals so the utilization of inpatient or more costly medical services is avoided. Crisis issues are dealt with. The case manager acts as a resource person in assisting the recipient to gain access to needed medical, social, vocational, educational and other services identified as necessary in the treatment plan.

Each intensive case management recipient will have an individualized case plan on file containing specific outcomes to be accomplished with the assistance of targeted case management. Progress notes reflect advancement toward

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identified goals.

Major components of targeted case management include coordination of the client assessment, plan development and crisis assistance activities; assisting the client in learning to more effectively identify and utilize basic community resources; monitoring the client's success in accessing services; and assessing client progress toward established goals.

1. Assessment - The assessment will include an integrated examination of the client's strengths, status, aspirations, needs and goals in the life domains of residence, health, vocation, education, community participation, leisure time and economics. The assessment will be conducted in a setting which the client finds comfortable. The case manager will also assist the client to gain access to other necessary specialized assessments (e.g. psychological, medical, vocational/educational, etc.) based upon the individual's needs and desires. With the client's consent, the case manager may meet with significant others as part of the assessment process. Where feasible and appropriate, the case manager will involve the family as an integral part of the assessment process.
2. Planning - An individualized written case management plan is mutually developed by the case manager and client. The plan must be signed by the client and the case manager. The plan will include:
  - (a) identification of measurable objectives;

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- (b) specification of strategies to achieve defined objectives;
- (c) identification of agencies and contacts which will assist in meeting the objectives;
- (d) identification of natural and community supports to be utilized.

Plans will be revised to reflect changes in client goals and needs, and services provided to the client.

3. Crisis Intervention - Crisis intervention and stabilization are provided in situations requiring immediate attention/resolution for a specific client or other person(s) in relation to a specific client. The case manager often provides the initial intervention in crisis situations and assists the client in gaining access to other needed crisis services. Most crisis intervention activities involve face-to-face contact with the client.
4. Assistance in Daily Living - The ongoing monitoring of how a client is coping with life on a day-to-day basis is the primary activity under assistance in daily living. The case manager will determine with the client the kinds of daily living assistance that will help the client achieve stated goals and prevent unnecessary hospitalization.

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5. Care Coordination, Referral, Advocacy - Accessing resources to meet the needs of a specific client.

"Care Coordination" case management services are limited scope targeted case management services designed to assist the consumer in accessing needed mental health care and other community services. Care coordination case management services may include telephone services.

E. **Qualifications of Providers:**

II. Chronically Mentally Ill Adults

Case management services for chronically mentally ill adults must be provided by a licensed mental health center as specified in section 46.12.571 of the Administrative Rules of Montana. In cases where a mental health center is unwilling or unable to provide the required case management services, the services may be provided by a provider designated by and under contract with the Department of Public Health and Human Services.

Care Coordination case management services may also be provided by a licensed practitioner as defined in ARM 46.12.1923. A practitioner is a physician, licensed physician assistant, advance practice registered nurse, licensed psychologist, licensed clinical social worker or licensed professional counselor.

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